Application Log on Procedures

Each new hired employee will have received a password (from Choicelinx), mailed to their home, which allows them to log onto the Online Benefits System. The employee will link to the Online Benefits System by clicking on nh.gov/hr. Select Employee Benefits and then select Online Benefits Enrollment. A login screen will appear. The employee will enter in their Social Security Number, with dashes, as the Login ID and enter their password. Passwords consist of 1 numeric value, 1 non-alpha character and 6 alpha characters for 8 characters total. The passwords do not contain any spaces.

The illustration below is a snapshot of the Log In Screen

Once the employee has logged into the application, you will be able to:

- Select your Medical and Dental benefit plan
- Enter in personal demographic information (Address, phone number etc)
- Enter in dependent information
- Perform any other qualified life event that affect benefits for you and your legal dependents (Marriage, Birth Event etc)

The illustration below is a snapshot of the New Hire Screen

NEW HAMPSHIRE

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Your Account   Benefits Inquiry

Your Account

Your Account is where you can manage benefit elections, coverage for dependents, and any changes to your personal information such as your address.

Frequently asked event questions

The *Current Event* section allows the employee to view events that they may perform. By selecting the radio button, start/edit/continue, the employee will be guided through the workflow.

Current Events

▶ **New Hire - 10/01/2003**
You have from 10/01/2003 through 10/30/03 to sign up for benefits.

○ Edit

view event description
This event has been confirmed

Medical, policy period 07/01/2003 to 06/30/2004
*Dental, policy period 07//01/2003 to 06/30/2004*

next ▶

Available Life Change Events:
Select the radio button for the event you would like to perform and click *Next* at the bottom of the page. For information on what changes you can make to your coverage click on the Event Glossary or on one of the event links below.

Additional Qualified Life Events that may be performed will be listed. This is covered further in the *Life Event* section.

○ Birth
○ Adoption/Legal Guardianship
○ Death
○ Marriage
○ Name Change
○ Becoming Full Time Student

○ Court Order
○ Loss of Other Coverage
○ Loss of Eligibility
○ Voluntary Cancellation
○ Add Dependent due to Divorce or Separation
○ Remove Dependent due to Divorce or Separation

Please contact your Human Resource representative if you do not see the event you are looking for.

* The *Next* buttons work independently of one another. The bottom *Next* is related to Qualified Life Events and will always link the employee to the *Event Date* page. Once an event is created, it will appear in the Current Event section at the top of the page.
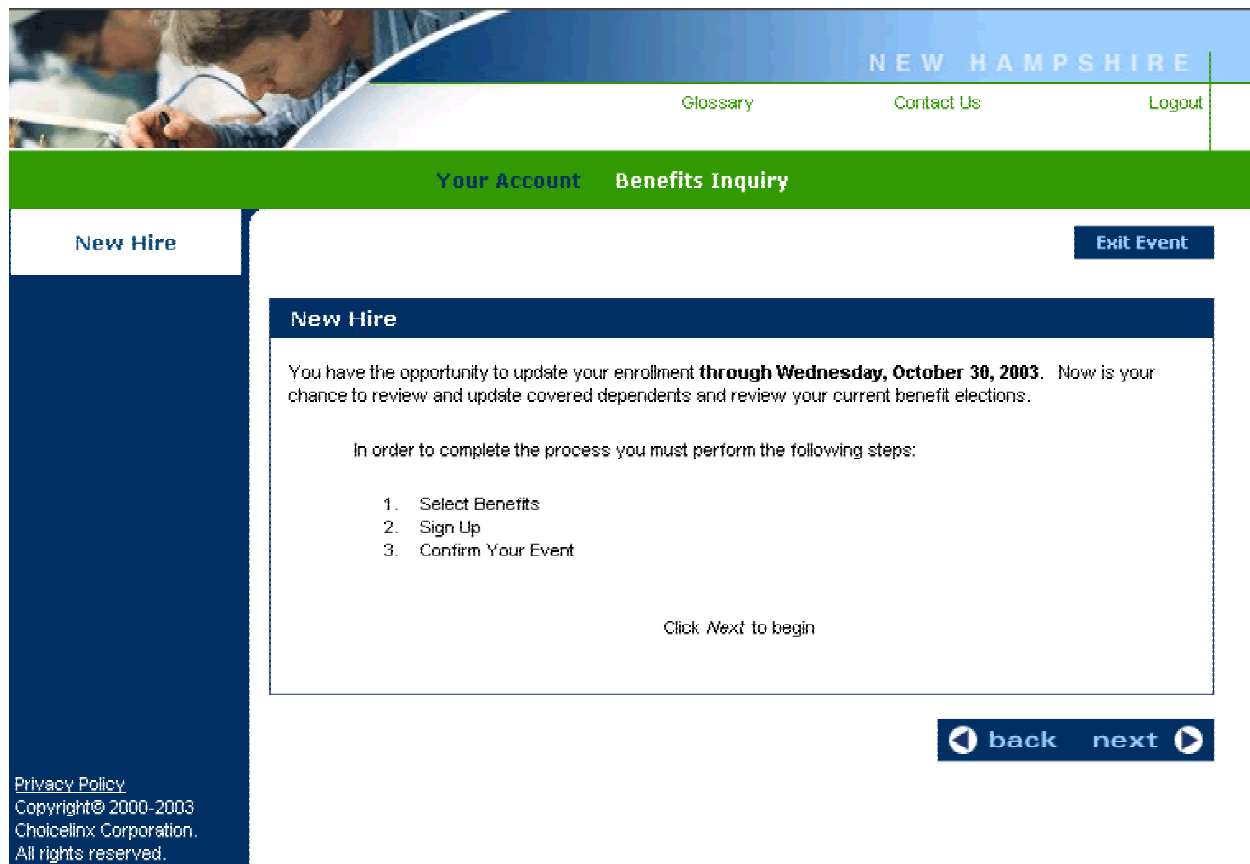
The employee will be guided through three (3) sections of the application:

- Select Benefits
- Sign Up
- Confirm Event

The section that the employee is currently in will be highlighted. The left navigation menu will also change in relation to the section, providing different navigation and functionality options.

The first page in the Select Benefits section is the Medical *Plan Selector* page. Employees may obtain cost information and links to Medical plan details prior to making their plan choice.

The system displays the event that is being performed. During an Open Enrollment, *Open Enrollment* would appear.

NEW HAMPSHIRE

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Your Account   Benefits Inquiry

New Hire

① Select Benefits   ② Sign Up   ③ Confirm Event   Exit Event

Please make your plan selection below and click *Next* to continue.

Medical
Choose Your Plan
Medical Summary
Dental

Benefits Summary

Choose Your Medical Plan

Payroll Period View: Monthly

Clicking on the Plan link (highlighted in blue) will display a pop-up window with detailed plan information.

Plan Choices	Your Cost	Employer Contribution	Total Cost
Matthew Thornton Blue HMO Plan			
○ Employee	$0.00	$355.61	$355.61
○ Employee + One	$0.00	$711.22	$711.22
○ Employee + Family	$0.00	$960.13	$960.13
BlueChoice POS Plan			
○ Employee	$0.00	$380.63	$380.63
○ Employee + One	$0.00	$761.27	$761.27
○ Employee + Family	$0.00	$1027.71	$1027.71

○ I choose to waive my Health benefit.

◀ back   next ▶

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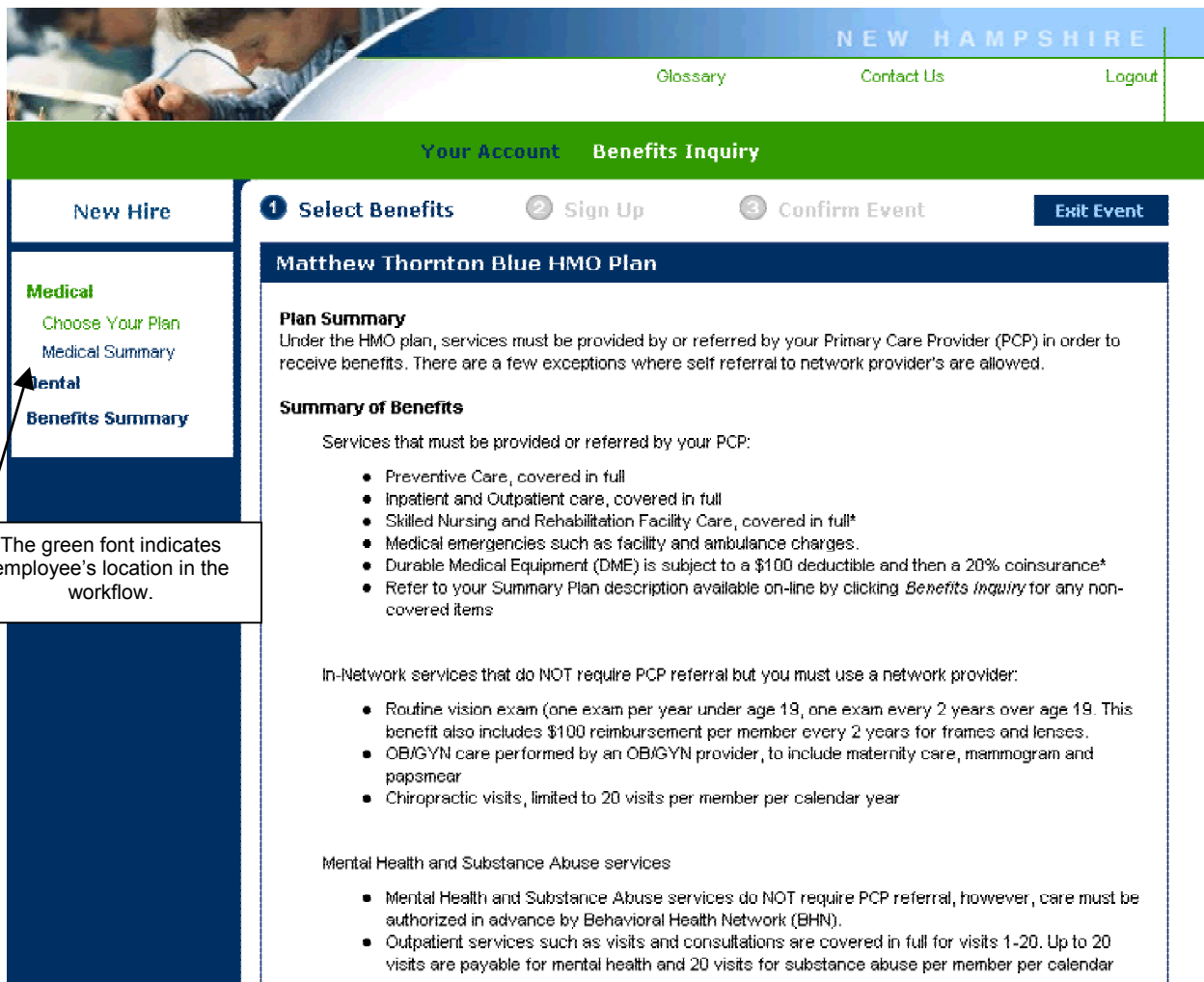*A contribution amount will appear for part-time employees.

* Adjusting the Payroll Period view does not prevent the employee from adjusting it on another screen. This allows the employee the flexibility of reviewing costs as they wish throughout the application.

The illustration below is a snapshot of what would appear by clicking on the Matthew Thornton hyperlink on the Medical *Plan Selector* page.

Matthew Thornton Blue HMO Plan Summary of Benefits

Benefit Category	In-Network Benefit
General Plan Provisions	
Annual Deductible (Out of Network)	$100 for Durable Medical Equipment (DME) items only
Annual Out-of-Pocket Maximum	None
Lifetime Maximum Benefit	None
Coinsurance	20% DME items only
Dependent Coverage	Eligible dependents covered to age 19, 25 if full-time student.
PCP and Referral Requirements	Services must be provided or referred by your PCP with the exception of routine vision, emergency room, OB/GYN care, mental health and substance abuse treatment, prescription drugs and chiropractic visits
Office and Preventive Care	
Office Visit, Annual Physical, Routine GYN, Well-Baby Care	Covered in full
Other Outpatient Care	
Lab, X-ray, ultrasound, CT scan, MRI, speech therapy, physical and occupational therapy	Covered in full
Outpatient surgical services	Covered in full

By clicking *Next* from the Plan Selector page, the employee will review a narrative plan description. This does not contain all of the Plan information. Employees should be directed back to CIGNA Customer Service or their State HR representative if they have specific benefit/claim questions.

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New Hire

① **Select Benefits**   ② Sign Up   ③ Confirm Event   **Exit Event**

Medical
Choose Your Plan
Medical Summary
Dental
Benefits Summary

The green font indicates employee's location in the workflow.

Matthew Thornton Blue HMO Plan

Plan Summary
Under the HMO plan, services must be provided by or referred by your Primary Care Provider (PCP) in order to receive benefits. There are a few exceptions where self referral to network provider's are allowed.

Summary of Benefits

Services that must be provided or referred by your PCP:

- Preventive Care, covered in full
- Inpatient and Outpatient care, covered in full
- Skilled Nursing and Rehabilitation Facility Care, covered in full*
- Medical emergencies such as facility and ambulance charges.
- Durable Medical Equipment (DME) is subject to a $100 deductible and then a 20% coinsurance*
- Refer to your Summary Plan description available on-line by clicking *Benefits Inquiry* for any non-covered items

In-Network services that do NOT require PCP referral but you must use a network provider:

- Routine vision exam (one exam per year under age 19, one exam every 2 years over age 19. This benefit also includes $100 reimbursement per member every 2 years for frames and lenses.
- OB/GYN care performed by an OB/GYN provider, to include maternity care, mammogram and papsmear
- Chiropractic visits, limited to 20 visits per member per calendar year

Mental Health and Substance Abuse services

- Mental Health and Substance Abuse services do NOT require PCP referral, however, care must be authorized in advance by Behavioral Health Network (BHN).
- Outpatient services such as visits and consultations are covered in full for visits 1-20. Up to 20 visits are payable for mental health and 20 visits for substance abuse per member per calendar year.

The employee will have the opportunity to review a *Medical Summary* page outlining their selection and any associated costs.

Your Account   Benefits Inquiry

New Hire

① **Select Benefits**   ② Sign Up   ③ Confirm Event   **Exit Event**

Please review your plan selection below. To change your plan, click on the link listed under *Plan Selection*. To finalize your plan selection click *Next* below.

Medical
Choose Your Plan
Medical Summary
Dental
Benefits Summary

Medical Summary

	Monthly ▼
Plan Selection	**Plan Cost**
Matthew Thornton Blue HMO Plan Employee + Family	$960.13

How it adds up™

Total Cost Medical	$960.13
Employer Contribution	$960.13
Your Cost	**$0.00**

◀ **back   next** ▶

* Reminder – costs will appear for part-time employees.

The employee may go back if they choose to select another plan. This can be accomplished by:

- Clicking the *Back* button
- Clicking the Matthew Thornton Blue HMO Plan link
- Clicking Choose Your Plan in the left navigation menu

The employee will then be transferred to the *Dental Selector* page and proceed through the same 3 steps as they performed for their medical benefits.

The employee will have the opportunity to review the summary of Medical and Dental selections with their associated costs.

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New Hire

① **Select Benefits**   ② Sign Up   ③ Confirm Event   **Exit Event**

Medical
Dental
Benefits Summary

A summary of your benefit selections is listed below. Please review your information and click *Continue* to finalize your benefits. If you would like to make changes to your selections, you may click on a benefit listed below.

Benefits Summary

Monthly ▼

Benefit	Your Plan	Plan Cost
Medical	Matthew Thornton Blue HMO Plan, Employee + Family	$960.13
Dental	Northeast Delta Dental Plan, Employee + Family	$88.22
Total All Benefits		**$1,048.35**

How it adds up™

For All Benefits	Monthly
Total Cost All Benefits	$1,048.35
Total Employer Contribution	$1,048.35
Your Total Cost	**$0.00**

◄ **back**   **continue** ►

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The employee will then be transferred to the *About You* page. This page captures all employee and dependent demographic information as well as other information, such as primary insurance, full-time student status and disabled status.

New Hire

About You
Your Doctor
Enrollment Summary

① Select Benefits   ② **Sign Up**   ③ Confirm Event   [Exit Event]

Here's where you provide us with information about yourself and any eligible dependents, and add or remove coverage for the available benefits indicated below. Please enter all information accurately.

[Add More Dependents]

Primary Member Information

denotes a required field

* First Name: [Smith]   MI: [ ]

* Last Name: [Jack]   Suffix: [ ]

* Date of Birth: [09] / [25] / [1968]
(mm/dd/yyyy)

Social Security #: [999] - [99] - [9999]

* Gender: ⦿ male ○ female

* Address line 1: [123 Knollcrest Road]

Address line 2: [ ]

* City: [Mt. Washington]

* State / Province: [NH] * Zip: [03555] + 4 [ ]

* Country: [United States ▾]

* Primary Phone #: [602-662-1234]   (000)000-0000

* Is this Phone # US or Canadian? ⦿ yes ○ no

Secondary Phone #: [ ]   (000)000-0000

* Is this Phone # US or Canadian? ○ yes ○ no

E-mail address: [ ]

Medical Benefit
Family Coverage
07/01/2004-06/30/2004

Dental Benefit
Family Coverage
07/01/2004-06/30/2004
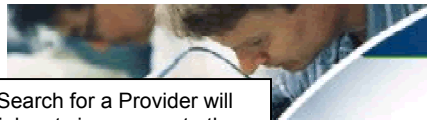
How Do I...

This box displays the employee's benefit elections.

*How Do I…*link provides assistance for the employee in adding or removing coverage.

The employee will enter in their dependents information and check the boxes on the right to establish coverage for a benefit.

Once the event in which the dependent was added is closed, the employee will no longer be able to delete the dependent. Instead, the employee would uncheck the checkboxes to remove coverage for the dependent.

The system contains built-in edits to compare the level of coverage the employee selected on the *Plan Selector* page with the coverage levels in other parts of the application. If the employee has selected family coverage in one location but fails to check the boxes for his/her dependents, clicking *Next* displays an error message on the top of the page indicating the discrepancy.

Once the employee has corrected any errors, if applicable, they may move through the physician selection process. Primary Care Physician (PCP) selection is dependent on the benefit and plan elections made by the employer. An HMO product generally requires selection of a PCP. The Point of Service product, however, allows the employee to select a PCP only if desired.

Whether or not an employee is required to select a PCP for themselves and their dependents is related to the plan rules. For the medical plans, PCPs are required for the HMO plan, and are suggested for the POS plan. If an employee chooses the POS plan, they will be asked to either enter a PCP number or check the *Choose not to select a provider* box in order to continue.

Glossary   Contact Us   Logout

Your Account   Benefits Inquiry

① Select Benefits   ❷ **Sign Up**   ③ Confirm Event   **Exit Event**

Search for a Provider will link out via a popup to the medical carrier's website. The employee will need to cut and paste or type in the Provider ID Number as listed on the carrier's site.

The plan you selected for your *Medical* benefit gives you the option to choose a doctor for each covered member listed below for the benefit year, **07/01/2003-06/30/2004**. It is important to have a provider that is familiar with your medical history, who can perform regular check-ups, provide guidance, and coordinate any care you may need.

About You

Your Doctor

Enrollment Summary

To search for and select a Provider:

- Click on the *Search for a Provider* link. This link will take you to the Anthem provider directory.
- Search for a provider.
- Once you find the desired provider, click 'View Details' and locate his/her Provider ID.
- Enter that Provider ID in the space provided below.

Once you have completed your selections, click *Continue* below.   Frequently asked provider questions

Select a provider

Click on the link below to perform your search

Search for a Provider

Member Name	Provider ID	Is this member a new or existing patient?	Choose not to select a provider
Jack Smith	98776	⦿ existing ○ new	☐

If an employee does not want to select a PCP, the POS plan requires that the employee actively choose against selecting a PCP.

Once the physicians have been selected, the employee will be asked to review all of the input information.

The employee will review an overall *Event Summary* and confirm their enrollment as illustrated below. This allows the employee to review benefit plan selected, level of coverage and costs, as well as dependent information.

The employee will review all of their information and click *Confirm* to complete the process.

Your Account   Benefits Inquiry

New Hire

① Select Benefits   ② Sign Up   ❸ **Confirm Event**   **Exit Event**

Event Summary

Please review your benefit selection(s) and personal information before you submit it to us for final processing. If you wish to make any changes, click on the item below.

New Hire Summary

Monthly ▾

Policy Period	Benefit	Plan Selection	Your Cost
07/01/2003-06/30/2004	Medical	Matthew Thornton HMO , Family	$0.00
07/01/2003-06/30/2004	Dental	Northeast Delta Dental , Family	$0.00
Your Total Cost			**$0.00**

Covered Members	Relationship	Coverage Elections	Doctor Selected
John Smith	Self	Medical, Dental	Kamel Sadek
Jane Smith	Spouse	Medical, Dental	
Charles Smith	Child	Medical, Dental	
David Smith	Child	Medical, Dental	Kamel Sadek

Changes may be made to the Medical or Dental plan by clicking the links which will return the employee to the Medical or Dental Summary page.

Changes that need to be made to coverage elections, doctor selection or demographic information can be done by clicking the name of the individual the employee wants to edit.

By confirming the coverage selections for my listed dependents and myself, I agree to the following:

1. My pay will automatically be reduced in the manner set in the Plan Summary by the amount of any required contributions for the Plan;
2. Elections under the Plan can be changed or revoked by me only at each annual enrollment, on account of, and consistent with a change in my family status (as defined under the Plan), or as otherwise permitted under

By confirming the coverage selections for my listed dependents and myself, I agree to the following:

1. My pay will automatically be reduced in the manner set in the Plan Summary by the amount of any required contributions for the Plan;
2. Elections under the Plan can be changed or revoked by me only at each annual enrollment, on account of, and consistent with a change in my family status (as defined under the Plan), or as otherwise permitted under Federal law;
3. The information I have furnished, to the best of my knowledge and belief, is correct and complete;
4. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. In the event it is determined that information I provided is fraudulent and claims were paid using that fraudulent information, my employer will be authorized to recover the costs paid through payroll deduction;
5. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

◀ back   confirm ▶

The employee may leave the application at any point and return, starting where their last session ended. The system saves their information as they move from page to page.

For current and future benefit elections, use this password and your Social Security ID number to access your personal information and select your benefits on the State of NH Human Resources website.   (Please Note: You must include the dashes when inputting your Social Security Number; Example: 000-00-0000).